

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

			C Name of organization	01-2009 and ending 12-31-20	09	D Employer ide	ntification number	
_	eck if ap Iress ch	pplicable Please use IRS	Episcopal Health Services Inc			11-166582		
_	ne char	label or	Doing Business As			E Telephone number		
_	ne cnar ıal retur	type. See				(516) 349-4	643	
_	iai retur minated	Instruc-	Number and street (or P O box 700 Hicksville Road	x if mail is not delivered to street addi	ress) Room/suite	<b>G</b> Gross receipts s		
_			City or town state or country	and ZID + 4			_	
_	ended r		City or town, state or country, Bethpage, NY 11714	and ZIP + 4				
App	lication	pending		-	1			
			ame and address of principal of awrence C Provenzano	officer	<b>H(a)</b> Is th	ıs a group return ıtas?	for	
			HS 700 Hicksville Road				, 165 / 160	
		Betnp	age,NY 11714		1 ' '	l affiliates include	·	
Tax	x-exem	pt status 🔽 501(	(c) (3) ◀ (insert no )	n)(1) or		o," attach a list ip exemption nui	(see instructions)	
		: • www.ehs.org		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	H(c) G100	ip exemption nai	ilbei F	
K Forn	n of org	janization 🔽 Corpor	ation Trust Association Ot	her ►	L Year of fo	rmation 1976 M	State of legal domicile NY	
Pai	rt I	Summary			<b>'</b>	<b>'</b>		
	1	,	he organization's mission or i	5				
				of the Diocese of Long Island i al,ambulatory care facilities,nur		•	_	
Governance		emphasis on patr	ent salety through its hospita	ar, amburatory cure racincles, mar	3mg nomes an	a continuing met	irear education	
₹								
<u>ş</u>								
9	2	Check this box 🕨	f the organization discont	inued its operations or dispose	d of more than	25% of its net a	ssets	
ø.	3	Number of voting	members of the governing bo	ody (Part VI, line 1a)			10	
Activities	4	Number of indepe	endent voting members of the	governing body (Part VI, line 1	.b) <b></b>	. 4	10	
	5	Total number of e	employees (Part V , line 2a)			5	3,006	
ទ្	6	Total number of v	olunteers (estimate if necess	sary)		6	65	
	7a	Total gross unrel	ated business revenue from F	Part VIII, column (C), line 12		7a		
	b	Net unrelated bus	siness taxable income from F	orm 990-T, line 34		7b		
g,						or Year	Current Year	
	8		nd grants (Part VIII, line 1h)		1,564,000	1,643,000		
Пla	9		e revenue (Part VIII, line 2g)		174,268,000	174,802,000		
Ravenue	10			ines 3, 4, and 7d)	•	-3,766,000	1,216,000	
	11		Part VIII, column (A), lines 5			6,930,000	8,430,000	
	12		add lines 8 through 11 (must	equal Part VIII, column (A), lı		178,996,000	186,091,000	
	13			lumn (A), lines 1-3)			0	
	14	Benefits paid to	or for members (Part IX, colu	umn (A ), line 4 )			0	
ιά	15		compensation, employee bend	efits (Part IX, column (A), lines	5-	117 201 000	116 505 000	
Expenses	16a	10) Professional fun	ndraising fees (Part IX, colum	n (A ), line 11e)		117,294,000	116,585,000	
χĐ	ь		penses (Part IX, column (D), line 2					
Ш	17	_	(Part IX, column (A), lines 1		58,840,000	67,944,000		
	18	•	Add lines 13-17 (must equa		176,134,000	184,529,000		
	19	Revenue less ex	kpenses Subtract line 18 from	m line 12		2,862,000	1,562,000	
Not Assets or Fund Balances						g of Current Year	End of Year	
10 Kg	20	Total assets (Pa	art X, line 16)			131,477,000	132,965,000	
5 Z 2 B	21		(Part X, line 26)			103,228,000	101,938,000	
žĔ	22		ind balances Subtract line 21			28,249,000	31,027,000	
Par	t II	Signature B	lock					
				ned this return, including accompanyir of preparer (other than officer) is bas				
		,						
Sign Here		****** Signature of office	cer	2010- Date	11-13			
		[[		Date				
		ANN OSWALD CI						
		<b>     </b>	-	Data	Chack of	Proporarie identifi	ung number	
n_! :-!		Preparer's Ange	elo Pirozzi CPA	Date	Check if self-	Preparer's identify (see instructions)		
Paid Propa	arer's				empolyed 🕨 🦵			
Prepa Use (	arer's	Firm's name (or you if self-employed),	•	U CPAS		EIN Þ		
Jot (	Jilly	address, and ZIP +	4 950 Third Avenue					
			New York, NY 100222705			Phone no 🕨 (2:	12) 371-4446	
	ha ID	E discuss this rot	urn with the preparer shown a				Tyes TNo	

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The mission of Episcopal Health Services Inc of the Diocese of Long Island is to provide quality health and long-term care with an emphasis on patient safety through its hospital,ambulatory care facilities,nursing homes and continuing medical education

4e	Total program service expenses►\$	170,191,98	.0		
	(Expenses \$	ıncludıng grants o	f \$	(Revenue \$	)
4d	Other program services (Describe	ın Schedule O )			
					_
					_
					·
4c	(Code ) (Expenses	\$	ıncludıng grants of \$	) (Revenue \$	)
	to patients	The provided the following	exempt purpose services in 200.	5 30,700 days of long term hars	ing nome care were rumined
4b	(Code ) (Expenses Bishop Charles Waldo Maclean Nursing Hor	, , ,	including grants of \$ exempt nurpose services in 2009	) (Revenue \$	11,993,000 )
	(0.1	10.000.700		) (2	44.000.000
	St John's Episcopal hospital provided the f to 9,600 patients 15,000 Days of behavior service13,400 visits to the chronic dialysis	al healthcare to 859 patier	nts 940 Babies were born25 600	patients were treated and relea	
4a	(Code ) (Expenses		including grants of \$	) (Revenue \$	164,565,000 )
	Section 501(c)(3) and 501(c)(4) or allocations to others, the total expe	ganizations and secti	on 4947(a)(1) trusts are r	equired to report the amou	
4	Describe the exempt purpose achiev		ne organization's three larg	est program services by e	xpenses
	services?			Г	Yes 🔽 No
3	Did the organization cease conducti		nt changes in how it conduc		
	If "Yes," describe these new service			,	
	the prior Form 990 or 990-EZ? .		<b>.</b>	ch were not listed on	_ Yes ✓ No

Part TV	Checklist	of De	auired	Schadu	عمار
2 III T W	CHECKHS	. UI KE	uuneu	Scheut	He:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	

	990 (2009)			Page •
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other II	RS Filings a	and Tax	Compliance
--------	------------	-----------	----------	--------------	---------	------------

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	20		Νo
h	return?	3a 3b		No
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νo
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Ī	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νo
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

700 Hicksville Road Suite 210

Bethpage, NY 11714 (516) 349-4643

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a L	Enter the number of voting members of the governing body			
ь 2	Enter the number of voting members that are independent			
2	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		N o
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b		Νο
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			-110
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νο
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	104		
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Νο
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orda	nızatıor	n <b>▶</b> -
	John Morahan	· yu		- <del>-</del>

### Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	(C) Position (check all that apply)					<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See add'l data										

				•
lb Total	. 🕨	2,230,000	41,000	166,000

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 176

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
VISTA MEDICAL REHABILITATION P O BOX 24176 NEWARK, NJ 07189	REHABILITATION SVCS	433,000
KURRON SHARES OF AMERCA INC 885 THIRD AVENUE 24TH FLR NEW YORK, NY 10022	DAY-TO-DAY MGT SVCS	3,567,000
JZANUS LTD 170 HERICHO TURNPIKE FLORAL PARK, NY 11001	MEDICAID SERVICES	913,000
FAR ROCKAWAY HYPERBARIC LLC 155 WHITE PLAINS RD TARRYTOWN, NY 10591	WOUNDCARE SERVICES	1,662,000
EXPERT ANESTHESIOLOGY SVCS PC 20 LEWIS HILL ROAD HARTSDALE, NY 105302803	ANESTHESIA SERVICES	1,170,000
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►17	) who received more than	

Form 99		<u> </u>	<b></b>					Page <b>9</b>
Part V	<b>/</b>	Statement o	or kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ots	1a	Federated cam	paigns 1a					
e Ta	ь	Membership du	es <b>1b</b>					
ું.≝	С	Fundraising eve	ents <b>1c</b>					
<u> </u>	d		zations 1d					
ă Sim	e	Government grants		1,187,000				
er S	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	456,000				
き	g		butions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶	1,643,000			
				Business Code				
emuk	2a	Physician Billing Re	evenue	621,110	1,420,000	1,420,000		
ES S	ь	Net Patient Service	e Rev	621,300	173,382,000	173,382,000		
<u>9</u> 2	c							
Æ. Æ	d							
Ē	e							
Program Service Revenue	f	All other progra	am service revenue					
<u>~</u>	g		s 2a-2f		174,802,000			
	3		ome (including dividen	. ⊢	1,206,000			1,206,000
	4		ar amounts)	· · ·	0			1,233,333
	5	Royalties		▶	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	34,000					
	Ь	Less rental expenses						
	С	Rental income or (loss)	34,000					
	d	Net rental inco	me or (loss)		34,000			34,000
		Gross amount	(ı) Securities	(II) O ther 10,000				
	7a	from sales of assets other		10,000				
	١.	than inventory						
	Ь	Less cost or other basis and						
	c	sales expenses Gaın or (loss)		10,000				
	d	Net gain or (los	s)		10,000			10,000
Other Revenue	8a	events (not inc \$ of contributions	rom fundraising luding s reported on line 1c)					
Ę.			а					
the the	b		penses b		0			
0	c 9a		(loss) from fundraising rom gaming activities	events	, , ,			
			ne 19 a					
	ь		penses <b>b</b>					
	С		loss) from gamıng actı)	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold <b>b</b>					
	С	Net income or (	(loss) from sales of inve	entory 🕨	0			
		Miscellaneous		Business Code 900,099	1 315 000	1 315 000		
	11a	NON I&R ROTA		900,099	1,215,000 541,000	1,215,000 541,000		
	b c	I&R ROTATIO	N INC INVEST INCOME	330,033	5,322,000	3.1,000		5,322,000
	d	All other reven			1,318,000			1,318,000
	12		Saa Instructions	· · · · •	8,396,000			
		rotai revenue.	See Instructions .	· · · [	186,091,000	176,558,000		7,890,000

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.					
	ll other organizations must complete column (A) but are not required to		<u>s (B), (C), and (</u> (B)	(D).	(D)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$	0				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0				
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	929,000		929,000		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0				
7	Other salaries and wages	87,475,000	82,226,500	5,248,500		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,321,000	4,061,740	259,260		
9	Other employee benefits	17,173,000	16,142,620	1,030,380		
10	Payroll taxes	6,687,000	6,285,780	401,220		
11	Fees for services (non-employees)					
а	Management	2,868,000		2,868,000		
ь	Legal	827,000	777,380	49,620		
с	Accounting	352,000	330,880	21,120		
d	Lobbying	223,000	209,620	13,380	_	
e	Professional fundraising See Part IV, line 17	0			_	
f	Investment management fees	0			_	
g	Other	7,767,000	7,300,980	466,020	_	
12	Advertising and promotion	82,000	77,080	4,920		
13	Office expenses	11,686,000	10,984,840	701,160	_	
14	Information technology	1,260,000	1,184,400	75,600	-	
15	Royalties	0			_	
16	Occupancy	4,660,000	4,380,400	279,600		
17	Travel	80,000	75,200	4,800		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	58,000	54,520	3,480		
20	Interest	267,000	250,980	16,020		
21	Payments to affiliates	0			_	
22	Depreciation, depletion, and amortization	3,746,000	3,521,240	224,760	_	
23	Insurance	13,400,000	12,596,000	804,000		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				_	
а	Purchased Services Expense	7,652,000	7,192,880	459,120		
ь	Other materials and expenses	7,951,000	7,473,940	· · ·	_	
С	Bad Debt Expense	5,065,000	5,065,000	,		
d	·		, ,			
e						
f	All other expenses	0				
25	Total functional expenses. Add lines 1 through 24f	184,529,000	170,191,980	14,337,020	0	
26	Joint costs. Check here ► ☐ If following SOP 98-2	104,323,000	1,0,191,900	14,557,020		
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					

Part X Balance Sheet (A) (B) Beginning of year End of vear 21.711.000 21.759.000 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 2 7.830.000 2 3 Λ 3 4 33.618.000 22.144.000 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 0 Notes and loans receivable, net . . . . . 476,000 382.000 3,055,000 5,171,000 Land, buildings, and equipment cost or other basis Complete 131.311.000 10a 10a Part VI of Schedule D 26,923,000 **10c** 10b 99.678.000 31.633.000 b Less accumulated depreciation . . . . 3.907.000 11 0 11 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 0 13 Investments—program-related See Part IV, line 11 . . 14 14 0 41.739.000 15 44.094.000 15 16 131,477,000 16 132,965,000 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 26.359.000 17 21.142.000 17 Accounts payable and accrued expenses . 18 18 19 19 6,170,000 20 Tax-exempt bond liabilities . . . . . . . . . . . . 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 3,687,000 8,069,000 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 67.012.000 25 72.727.000 25 Other liabilities Complete Part X of Schedule D . . . . . 26 **Total liabilities.** Add lines 17 through 25 . . . . . 103,228,000 101,938,000 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 26,438,000 29.231.000 27 27 Unrestricted net assets . . . . 28 403.000 28 388.000 Temporarily restricted net assets . . . . . Fund 1.408.000 29 1.408.000 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 28,249,000 31,027,000 33 Total net assets or fund balances . . . . . 33 34 Total liabilities and net assets/fund balances . . . . . 131,477,000 34 132,965,000

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Episcopal Health Services Inc

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

**Employer identification number** 

11-1665825

									11-100302			
	rt I			olic Charity Stat						tructions		
he d	organı	zation is	not a private	foundation because	eitis (Forlin	nes 1 throug	gh 11, check	only one box	)			
1	Г	A churc	h, conventio	n of churches, or as	sociation of d	churches <b>s</b> e	ection 170(b)	(1)(A)(i).				
2	Г	A schoo	ol described	ın <b>section 170(b)(1)</b>	(A)(ii). (Att	ach Schedu	le E)					
3	굣	A hospi	tal or a coop	erative hospital serv	vice organiza	ition describ	oed in <b>section</b>	170(b)(1)(A	(iii).			
4	Γ		al research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	nospital desci	rıbed ın <b>secti</b>	on 170(b)(1)	( <b>A)(iii).</b> Ent	er the	
5	Г	_	•	rated for the benefit	_	or university	y owned or op	erated by a g	overnmental	unıt describ	ed in	
		section	170(b)(1)(#	<b>()(iv).</b> (Complete Pa	rt II )							
6	Г	A federa	federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>									
7	Γ	describe	ed ın	t normally receives a  (Complete Pa		part of its s	upport from a	a government	al unit or froi	m the genera	l public	3
8	Г			described in <b>section</b>		)(vi) (Com	plete Part II	)				
9				normally receives					tions, membe	ership fees, a	and gro	SS
	·	receipts	from activit	ties related to its ex	empt function	ns—subject	to certain ex	ceptions, and	, l (2) no more	than 331/3%	6 of	
		-		ss investment incom	•	-						
			_	anızatıon after June 3				•		,		
LO	Г	•		anized and operated	•			•	•			
l1	Γ	An orga one or n the box	nization orga nore publicly	anized and operated visupported organizates the type of supported by Type II	exclusively to tions describ orting organiz	for the bene bed in section ation and c	fit of, to perfo on 509(a)(1)	rm the function 50 11e through	ons of, or to 19(a)(2) See	•	(a)(3).	Check
e f g	,	other th section If the or check th Since A	an foundation 509(a)(2) Ganization r his box ugust 17, 2	x, I certify that the con managers and othe eceived a written de 006, has the organiz	er than one o	r more publ rom the IRS	icly supporte that it is a T	d organizatio ype I, Type I	ns described I or Type III	in section 5	09(a)(	1) or
			g persons? rson who dir	ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons descr	ribed in (ii)		Yes	No
				overning body of the	•				. ,	11g(i)	+	
				r of a person describ						11g(ii)	+	_
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) al	oove?			11g(iii		
h				g information about t							<u> </u>	<u> </u>
	(i) Name suppo rganız	of rted	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you no organizat col (i) of suppo	tify the tion in fyour	(vi) Is the organizate col (i) org	e ıon ın anızed	A m	(vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		
							1			1		
ota							1	1			1	

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493317009030

OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

If the Se Se If the	ction 501(c)(3) organizations that ction 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (P	r section 501(h)) ( under section 501	Complete Part II-A Do no (h)) Complete Part II-B [	t complete Part II-B Do not complete Part II-A
	me of the organization scopal Health Services Inc				dentification number
Par	t I-A Complete if the or	ganization is exempt under	section 501(	11-16658 c) or is a section 5	
1	Provide a description of the org	ganızatıon's dırect and ındırect polit	ıcal campaıgn ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	(c)(3) <sub>-</sub>	
1	•	tax incurred by the organization un	-		 ► \$
2	Enter the amount of any excise	tax incurred by organization manag	jers under sectio	n 4955 <b>i</b>	<u></u>
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c) except section	501(c)(3).
1	Enter the amount directly expe	nded by the filing organization for s	ection 527 exem	pt function activities 🕨	<b>*</b> \$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to o	ther organization	s for section 527	- \$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b	<b>.</b> ¢
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			↑ Yes No
5	State the names, addresses ar were made For each organizat contributions received that we	nd employer identification number (E ion listed, enter the amount paid fro re promptly and directly delivered to ittee (PAC) If additional space is n	m the filing organ a separate polit	ization's funds Also ent ical organization, such a	er the amount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid fro filing organization's funds If none, enter	contributions received

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	ort II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).						
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,			
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)				
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)				
c	Total lobbying expenditures (add lines 1a and 18						
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1	c and 1d)					
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both				
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00			
	Over \$17,000,000	\$1,000,000					
		•					
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)					
h	Subtract line 1g from line 1a If zero or less, enter	er -0-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No	
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five	
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı	
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots non-taxable amount						

### Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		162,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		60,531
j	Total lines 1c through 1i			222,531
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
ь	If "Yes," enter the amount of any tax incurred under section 4912		'	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
201	$\star$ TII-A. Complete if the expanization is examply under section $E01(c)(A)$ , section	E01/c	\/E\ 0	r coction

### Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1. Dues assessments and similar amounts from members

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Description	Episcopal Health Services Inc pays dues to The Healthcare Association of New York State (HANYS), The Greater New York Hospital Association (GNYHA), The Continuing Care Leadership Coalition (CCLC) and 1199/SEIU Healthcare Education Project In accordance with section 6033 (e) of the Internal Revenue Code, and as reported by HANYS, GNYHA, CCLC, and 1199/SEIU a portion of these dues payments are attributable to lobbying activities. The lobbying activity costs attributable in 2009 to HANYS, GNYHA, CCLC and 1199/SEIU annual dues payments was \$19,842, \$14,274, \$1,110 and\$25,305 respectively Additionally, the organization has contracts with lobbyists who were engaged to lobby legislators on behalf of the organization regarding policies which impact the organization's exempt purpose and which pertain to public health care. During 2009 Episcopal Health Services Inc. paid \$162,000 in connection with these services.

DLN: 93493317009030

OMB No 1545-0047

Open to Public

Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

-nic	ne of the organization opal Health Services Inc		Employer identifica	tion numbe	er
сріз	opai ricattii services ne		11-1665825		
Pa	<b>t I</b> Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		inds or Accounts	. Comple	te if the
		(a) Donor advised funds	( <b>b</b> ) Funds and o	ther accou	nts
	Total number at end of year				
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		oradvised	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and		•		
	used only for charitable purposes and not for the ben conferring impermissible private benefit	ent of the donor or donor advisor, or for an	iy otner purpose	┌ Yes	┌ No
aı	Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV	', line 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat.  Preservation of open space  Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year.	on or pleasure) Preservation of an Preservation of a c	historically important ertified historic struct of a conservation		a
	easement on the last day of the tax year	Γ	Held at the	End of the	Vear
а	Total number of conservation easements		2a	Liid Of the	· i cui
b	Total acreage restricted by conservation easements		2b		
:	Number of conservation easements on a certified his		2c		
d	Number of conservation easements included in (c) a	-	2d		
_	Number of conservation easements modified, transfe	· · · · ·		during	
	the taxable year 🛌	med, released, extinguished, or terminate	a by the organization	auring	
	Number of states where property subject to conserva	ation easement is located ►			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year 🕨		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year 🕨 \$ _		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization	he footnote to the organization's financial			
	the organization's accounting for conservation easen				
a r	Organizations Maintaining Collectio Complete if the organization answered	ns of Art, Historical Treasures,	or Other Similar A	Assets.	
	Organizations Maintaining Collectio	'Yes" to Form 990, Part IV, line 8.  116, not to report in its revenue stateme for public exhibition, education or researc	nt and balance sheet the s	works of	е,
1	Organizations Maintaining Collection Complete if the organization answered ' If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	'Yes" to Form 990, Part IV, line 8.  116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it 116, to report in its revenue statement a public exhibition, education, or research in	nt and balance sheet h in furtherance of pu ems nd balance sheet work	works of blic service	е,
<b>a</b>	Organizations Maintaining Collection Complete If the organization answered ' If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its find If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for instance of the similar assets held for instance or other similar assets and the other similar	'Yes" to Form 990, Part IV, line 8.  116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it 116, to report in its revenue statement a public exhibition, education, or research in the statement of the stat	nt and balance sheet with in furtherance of pulems and balance sheet work in furtherance of public	works of blic service	,
ari a	Organizations Maintaining Collection Complete if the organization answered ' If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its find if the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	'Yes" to Form 990, Part IV, line 8.  116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it 116, to report in its revenue statement a public exhibition, education, or research in the statement of the stat	nt and balance sheet with in furtherance of pulems and balance sheet work in furtherance of public	works of blic service as of art, service,	,

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	torica	<u>l Tre</u>	asures, or C	<u>the</u>	<u>r Similar</u>	Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e follov	ıng tha	at are a signific	ant u	ise of its co	llectio	n	
а	Public exhibition		d	Г	oan or	exchange prog	rams	:			
b	Scholarly research		e	$\Gamma$	ther						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v they f	urther t	he organization	ı's ex	xempt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						d "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for con	trıbutıc	ons or other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing tab	е	Γ			A mo	unt	
c	Beginning balance						1c				
d	Additions during the year					ļ	1d				
e	Distributions during the year					ļ	1e				
f	Ending balance					ļ	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	217			L			Г	Yes	□ No
	If "Yes," explain the arrangement in Part XIV								,		,
	rt V Endowment Funds. Complete		n ans	wered	"Yes"	to Form 990	Pai	rt IV line	10		
	Endownient Lands Complete	(a)Current Year		)Prior Ye		(c)Two Years Back				<b>e)</b> Four Y	ears Back
1a	Beginning of year balance	1,408,000		1,4	08,000						
b	Contributions										
с	Investment earnings or losses	11			5,000						
d	Grants or scholarships										
e	Other expenditures for facilities and programs	11			5,000						
f	Administrative expenses										
g	End of year balance	1,408,000		1,4	08,000						
2	Provide the estimated percentage of the yea	r end balance held a	is		•				•		
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment 100 000 % %										
c	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	that are	held a	nd administere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio	•					•		3b		No
4	Describe in Part XIV the intended uses of th						4.0				
Par	t VI Investments—Land, Buildings	s, and Equipme	<u>nt. S</u>						Т		
	Description of investment				st or oth			(c) Accumu depreciati		( <b>d</b> ) Bo	ok value
1a	Land					292	2,000				292,000
b	Buildings					40,836	,000	29,38	35,000	1	1,451,000
c	Leasehold improvements					2,930	,000	2,10	2,000		828,000
d	Equipment					81,998	,000	68,19	1,000	1	3,807,000
e	Other	<u></u>				5,255	5,000				5,255,000
	<b>l.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colun	nn (B)	, line 10	)(c).) .					3	1,633,000
								Sched	ule D (	Form 9	90) 2009

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	۷.	
(a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security) Financial derivatives		Cost or end-of-year	market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. See		13. (c) Method of va	Juation
(a) Description of investment type	(b) Book value	Cost or end-of-year	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.	<u> </u>	
(a) Descrip	tion	(t	) Book value
Other Assets			3,905,000
Investments Held by Captive Insurance Co Health First Investment			17,499,000 4,457,000
Funds held in trust			93,000
Due from third-party payers			5,592,000
Deferred Expenses			
Assets whose use is limited			12,548,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			44,094,000
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes  Professional & Self Insured Liabilities	41,005,000		
Other Current Liabilities	7,278,000		
Funds Held in Trust for Patients	93,000		
Due to Third Party Payors	24,351,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	72,727,000		
, , , , , , , , , , , , , , , , , , , ,	, 2,, 27,000		

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	_
1	Total expenses and losses per audited financial	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		_
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	]	
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
261	XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
•	· · · · · · · · · · · · · · · · · · ·	Change in Pension Liability \$951000 Resolution of Preconfirmation Contingencies \$188000
<i>,</i>	l '	Excess funds are to be used to further support the mission of the organization

### OMB No 1545-0047

Open to Public Inspect ion

#### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

**Hospitals** 

Name of the organization Episcopal Health Services Inc.

**Employer identification number** 

11-1665825 Charity Care and Certain Other Community Benefits at Cost Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . . 1a Yes 1b Yes If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care За Yes 7 200% V Other 30000 0000000 % 150% 100% Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Yes **▽** 300% **7** 350% 200% If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . . . 4 Yes Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . 5a Yes If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . 5b Νo If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? . . . . . . . . . N <u>o</u> 5c Does the organization prepare an annual community benefit report? . 6a Yes 6b If "Yes," does the organization make it available to the public? . . . . . . . . Yes Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of activities or served benefit expense revenue expense total expense **Means-Tested Government** programs (optional) **Programs** (optional) Charity care at cost (from 3,164,780 2,774,740 390,040 0 210 % Worksheets 1 and 2) Unreimbursed Medicaid (from 59,889,248 55,045,420 4,843,828 2 620 % Worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, column b) Total Charity Care and Means-Tested Government 57,820,160 5,233,868 63,054,028 2 840 % Programs . \_ . \_ . Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4) . . 32,121 32,121 0 020 % Health professions education 17,933,667 17,744,594 189,073 0 100 % (from Worksheet 5) . . Subsidized health services

16,383,768

34,349,556

97,403,584

(from Worksheet 6) . . Research (from Worksheet 7) Cash and in-kind contributions to community groups (from Worksheet 8) Total Other Benefits . . .

k Total. Add lines 7d and 71

7,093,794

24,838,388

82,658,548

9,289,974

9,511,168

14.745.036

5 030 %

5 150 %

Pa	rt II Community Buildin activities.	ng Activitie	<b>s</b> Complete t	his table if the o	rganızat	ion co	nducte	d any commur	iity b		g
	dedivides.	(a) Number of activities or programs (optional)	( <b>b</b> ) Persons served (optional)	(c) Total community building expense	( <b>d)</b> D	rect offs revenue		(e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support			86,6	00			86,	600	C	050 %
4	Environmental improvements										
5	Leadership development and training for community members										
6	Coalition building										
7	Community health improvement advocacy										
8	Workforce development										
9	Other										
0	Total  t IIII Bad Debt, Medicar	e & Collec	tion Practice	86,6	00			86,	600	C	050
Ċ	Dad Debt, Medical	e, & conec	tion Flactic	<b>C3</b>							
ect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report b	•		ce with Heathcare	Financial	Manag	ement /	Association	1	Yes	
2	Statement No 15? Enter the amount of the organi			t cost)		2		2,076,346		163	
3	Enter the estimated amount of										
	attributable to patients eligible	under the org	ganızatıon's cha	arity care policy		3		1,038,173			
1	Provide in Part VI the text of t In addition, describe the costi rationale for including other ba	ng methodolog	gy used in deter	mining the amoun				•			
ect	ion B. Medicare										
5	Enter total revenue received fr	om Medicare	(ıncludıng DSH	and IME)		5		87,231,524			
5	Enter Medicare allowable cost	s of care relat	ing to payments	s on line 5		6		129,299,721			
7 3	Subtract line 6 from line 5 The Describe in Part VI the extent Also describe in Part VI the Control Check the box that describes	to which any osting method the method us	shortfall reporte ology or source ed	ed in line 7 should used to determin	be treate the amo						
	Cost accounting system	I♥ Co	st to charge rat	tio I	Other						
	ion C. Collection Practices	writtan daht ca	Mastion nolisy?	,							
9a 9b	Does the organization have a v If "Yes," does the organization				· ·	· ·	esto ha	followed for	9a	Yes	<u> </u>
<del>7</del> 0	patients who are known to qua	lify for charity	care or financia	al assistance? Des					9b	Yes	
Pa	rt IV Management Com	panies and	Joint Ventu	res							
	(a) Name of entity	(t	o) Description of pr activity of entity		(c) Organı profit % o ownersh	r stock	er	) Officers, directors, trustees, or key nployees' profit % stock ownership%	pro	e) Physi ofit % oi ownersh	stock
<u> </u>											
,											
-											
									_		
0									$\perp$		
1									1		
2									_		
.3											
14									1		_

Part V Facility Information									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Bishop MacLean Episcopal Nursi 1711 Brookhaven Ave Far Rockaway,NY 11691 St Johns Episcopal Hospital 327 Beach 19th Street Far Rockaway,NY 11691	X	X		X			X		Skilled Nursing Facility

Part VI Supplemental Information Complete this part to provide the following information 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions St John's Episcopal Hospital provides the following services to the community that result in a net loss to the Hospital Maternity Services -\$295,056, Pediatrics - \$58,233, Nursery - \$212,429, Hemodialysis - \$2,043,093, Clinic - \$1,115,817 and Emergency Services -\$5,565,345 These services are either not offered by other health care providers, in the local community, or there is a shortage of these needed services in the community

Worksheet 2, Ratio of Patient Care Cost-to-Charge, was used for the various sub-line items of line #7 Part 111, line 4 - Bad debt expenseIn accordance with current accounting guidelines, St John's reports bad debt expense on the Statement of Activities as a separate line item and excludes items directly identified as charity care. Bad debt expense is based upon a reserve methodology to evaluate the collectability of net patient accounts receivable, that is the amount expected to be collected from the payor, not billed charges The following paragraph is from footnote #2 of the 2009 audited financial statements - Significant Accounting Policies -Accounts Receivable and Net Patient Service Revenue "Accounts receivable result from the health care services provided by the Corporation Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts. The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage, and other collection indicators " The organization's bad debt expense (at cost) reported on Part III, line 2 was derived from

Worksheet A included in the 2009 Instructions from Schedule H (Form 990) With the recent downturn in the economy, even patients with insurance have seen increases in their deductibles and co insurance. St. John's has experienced increased difficulties in collecting these higher amounts from the working poor St John's believes the formula used in Worksheet A inappropriately distorts bad debt expense at cost as it applies a ratio of cost to charges on an amount that has already been reduced from charges to an expected payment amount St John's

Ratio of cost to charges derived from Worksheet 2 of the Schedule H instructions St. John's Episcopal Hospital costing methodology was based upon the 2009 New York State Institutional Cost Report and the 2009 Medicare (Form 2552) Cost Report These cost reports are filed with the New York State Department of Health and the applicable CMS intermediary, respectively. The cost-to-charge ratio derived from

Hospital estimates that approximately 50% of the bad debt expense (at cost) reported on line #2 can be attributable to patients eligible under the organization's charity care policy. The estimate is based upon the fact that St. John's serves a significant patient population that falls below the poverty level and has a high percentage of residents without a high school degree (29 2%) St John's has a proactive financial assistance program whereby many patients request applications but far fewer actually return the completed application St John's Episcopal Hospital's collection policy follows the guidelines established by New York State law The Hospital's collection policy, in conjunction with the Hospital's Charity Care and Financial Assistance Policy, ensures that every effort is made to identify patients who are eligible for charity care Additional information on St John's Charity Care and Financial Assistance Policy is summarized in Section Part V-3

of this form Included below is a summary of the New York State Billing and Collection Requirements followed by St John's Hospital - Prohibit the forced sale of or foreclosure on the patient's primary residence - Prohibit sending an account to collection if the patient has submitted a completed application for financial assistance, including any required documentation, while the application is pending- Provide written notification to a patient at least 30 days before an account is sent to collection. Written notice can be included on a bill - Require the collection agency to have the hospital's written consent prior to starting a legal action for collection - Require all general hospital staff that interacts with patients or have responsibility for billing and collection to be trained in the hospital's policies - Have a way or measuring the hospital's compliance with its policies - Require any collection agency under contract with the hospital to follow the hospital's financial assistance policy and provide information to patients on how to apply, where appropriate - Prohibit collection activity if the patient is determined eligible for Medicaid for the services that were rendered and the hospital is able to collect Medicaid payment Mental Health Clinic - Adult Home - 4Community Mental Health Center - 10 utpatient Mental Health Clinic - 1

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

- Episcopal Health Services Inc. operates St. John's Episcopal Hospital (St. John's) and Bishop Charles Waldo MacLean Episcopal Nursing Home (Bishop MacLean) St John's and Bishop MacLean are licensed to operate in New York State by the New York State Department of Health New York State law currently requires all hospitals to perform a community needs assessment every three years. As outlined below, the objectives and operational details of this Community Service Plan (CSP) align closely with the recent additional schedule H disclosure requirements for tax-exempt hospitals New York's relevant statute, Section 2803-1 of the Public Health Law, requires voluntary non-profit hospitals to submit a comprehensive Community Service Plan to the State Department of Health (DOH) every three years that includes a solicitation of the views of the communities served by the hospital on service priorities and that demonstrates the hospital's operational and financial commitment to meeting community health needs, providing charity care services, and improving access by the underserved, among other elements The law further requires New York hospitals to prepare an annual implementation report regarding the hospital's performance in meeting the health care needs of the community, providing charity care services, and improving access to health care services by the underserved. This report must be made available to the public In submitting their CSPs, hospitals are required to take steps that include -Reaffirming organizational mission statements. Defining the service area used for community and local health planning and describing the methods used to determine such service area,- Identifying all participants involved in assessing community health needs and describing and summarizing the hospital's public input sessions,- Discussing the identified public health priorities, including the criteria used to select priorities and the status of priorities,- Establishing an evolving plan of action, and- Disseminating a written summary of the CSP to the public through various channels The statutory CSP requirements were recently enhanced by DOH's Prevention Agenda initiative, a process that asks hospitals to work with local public health departments and community partners to assess community health needs, jointly develop plans
- September 2009, St John's submitted a three-year Community Service Plan to the NYS Department of Health In September 2010, St John's submitted a One Year Community Service Plan Update - 2010 St John's Episcopal Hospital identifies community health needs by participating in community coalitions, partnerships, boards, committees, commissions, advisory groups and panels. St. John's community health partners include, but are not limited to - Community Advisory Board- St Mary's Star of the Sea Roman Catholic Church- NYC Councilman James Sanders Jr, Addabbo Health Center- Jewish Community Council of Far Rockaway- Ready Rockaway- Queens Mental Health Council- Queens Child/Adolescent & Crisis Committee- Rockaway Children's NetworkThe criteria used to select public health priorities included a demographic overview of the service area to assess how population growth, income, education level, and race may affect the health of the community and impact its particular health profile and needs 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be

to address two or three of the identified needs, and include this collaborative work in the hospital's CSP update submitted to DOH In

St John's Hospital is committed to providing access to quality health care services with compassion, dignity and respect for all patients, particularly the poor and the underserved in our community. Accordingly, St. John's Hospital has implemented a Charity Care and Financial Assistance Process to facilitate - Providing patient care regardless of ability to pay for services- Assisting patients who cannot pay for part or all of the care they receive. Financial counselors will confidentially review the situation to see if patients quality for some form of

billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's

- government or other financial assistance Balancing needed financial assistance for some patients with the broader fiscal responsibilities in order to sustain viability and provide the quality and quantity of services residents in the community need - Installment plans to allow patients to pay on an installment basis without the imposition of interest charges 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves St John's Episcopal Hospital is located in Far Rockaway, Queens County, New York City The Rockaway Peninsula is a narrow band of land adjoined to both Queens and Nassau Counties Approximately 114,000 residents inhabit the relatively isolated peninsula St John's defines
- its primary service area as the Far Rockaway area, where the majority of its patients reside. Secondary patients reside in the Rockaway neighborhoods of Arverne, Rockaway Beach, and Belle harbor, as well as the Nassau County town of Inwood Despite a recent spurt of new
- housing construction in the early 2000s, the population growth still lags behind the overall rate of growth in the United States overall. The average household income is 12 3% lower than the United States overall. There are approximately 14,800 households with related children of which 54% are non-married heads of households with children The primary and secondary service areas tend to be both younger and older than the average population patterns. Approximately 29% of the local residents do not have a high school degree. The unemployment rate in the Rockaways is startlingly high compared to the rest of the United States. In addition, the percent of residents living below the poverty line of 22% is higher than the overall Queens rate of 15% St John's primary and secondary service areas have a higher proportion of black non-Hispanic and Hispanic residents than the Queens and New York City averages Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves Health care and overall health status is lacking in the community, with 24% of the residents reporting they are in fair or poor health. In addition, one of every four resident does not have health insurance. Morbidity and mortality levels are high with an estimated 970 deaths per
- 100,000 residents. The primary cause of premature death was heart disease, accounting for 29% of the total According to the NYC Department of Health Report Community Health Profile Take Care Rockaways, the residents of the Rockaways have the following adverse medical conditions compared with residents of Queens and New York City heart disease, high cholesterol and blood pressure, smoking,
- obesity, and diabetes St. John's Hospital selected Inactivity and Chronic Disease & Physical Activity/Nutrition as high prevention agenda priorities Inactivity, another modifiable risk factor, is high in the Rockaways, with 44% stating they do no physical activity. Only 20% of residents meet the amount of activity recommended by the Center for Disease Control and Prevention Increased levels of obesity and associated diseases commonly occur in areas of poverty, with a direct relationship between high rates of obesity among those of the highest poverty rates. Although obesity rates have risen in the United States, it has been shown that the highest levels are found in communities with limited resources, high rates of minorities, and lower education levels, all factors found in Far Rockaway Chronic Disease and Physical Activity/NutritionWith input from members of local community-based organizations, churches and synagogues, and its local community health partners, St John's assessed that of the Prevention Agenda toward the Healthiest State set by the New York State Department of Health, Chronic Disease and Physical Activity/Nutrition most met the needs of the Rockaway community. The statistical data supports the need to address heart disease as a longtime healthcare concern in the Rockaways, as well as its preventable risk factor of obesity and inactivity. Indicators included the high death rate caused by heart disease, high rates of hospitalization due to heart disease, the high rate of cholesterol among residents, and prevalence of diabetes. For Physical Activity/Nutrition, indicators included high rates of obesity among children and adults who had less physical activity Additional criteria for selecting these two Agenda items included the need raised by community organizations in the past, close local partners interested in these Agenda items, and health care professionals and services available to lead and support the plan and initiatives taken In addition to the above-noted priority prevention agenda items, St. John's has identified diabetes education and prepared childbirth education as other public health programs supported by the Hospital During 2009, St John's Hospital conducted 39 screenings for high blood pressure, cholesterol and diabetes, as well as talks on chronic diseases at various community street fairs, senior centers, churches, and NYC Housing Authority developments Other hospital and community supported programs included Healthy Hearts for Kids and Rockaway Walks Healthy Hearts for Kids is an education and support group for children at risk for unhealthy lifestyles and their caregivers. Led by pediatricians and a nutritionist, monthly meetings offer topical discussions on healthy eating, recipes, food demonstrations, and physical activity Rockaway Walks is a collaboration among local Rockaway health activists, NYC Councilman James Sanders Jr , Addabbo Health Center, St John's Hospital and others. The program includes weekly walks led by a fitness Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.) St John's Episcopal Hospital plays an important role in the local community as a provider of needed medical services. St John's is the only
- trainer The program is supported by the local newspaper where columns on health and nutrition appear that support the program

hospital in the local area that provides maternity, nursery, neo-natal, inpatient chemical dependency, inpatient psychiatric services,

- outpatient hemodialysis, outpatient mental health and other specialty clinical services. St. John's is also the largest non-governmental employer in the local community In addition to providing high quality medical services to the local community, St. John's is an active member of the local community In addition to the various health fairs and screenings provided throughout the local community, St. John's provides educational sessions and events to local residents related to some of the following topics - Healthy Hearts for Kids- Rockaway Walks-Diabetes Education Support Group- Prepared Childbirth- High school mentoring program- Summer internship programs Many of the various programs and initiatives that St John's Hospital has identified to demonstrate our commitment to further its exempt purpose and promote the health care of the local community have been highlighted previously in Part VI of this form Additional items to be discussed in this section are - Community Advisory Board- Medical Staff- Surplus funds- Ready RockawaySt John's Hospital has an active Community Advisory Board comprised of local residents and business people who meet with Hospital leadership and the Board of Managers quarterly to discuss the overall demographics and health of the community. Recent discussions and actions include a survey of the Hispanic community (teens and older males), obesity among school age children, local grants, etc St John's extends medical staff privileges to all qualified physicians in its community for the various services provided by the hospital The hospital's medical staff is a large diversified group of highly trained professionals numbering approximately 351 members No surplus funds of St John's Episcopal Hospital inure to the benefit of any private individual nor is any private interest being served. All surplus funds are reinvested into the facility, equipment, or programs of the hospital to improve the quality of patient care, expand our facilities, and advance our medical training and education St John's Episcopal Hospital's overall responsiveness to the needs of our community is evidenced by our willingness to participate in a range of communities, coalitions, panels, advisory groups, commissions and boards. In addition to the various items previously mentioned above, St John's is an active member of "Ready Rockaway " Ready Rockaway is a coalition of local health care and other community based organizations that recognized the need for planning for emergencies since Rockaway is a peninsula surrounded by water and attached to the rest of New York via numerous
- bridges St John's is an active member of Ready Rockaway In addition, St John's also has internal emergency and disaster drills throughout the year to ensure the hospital is prepared to meet the needs of its local community and the surrounding areas 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in
- Not applicable 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

promoting the health of the communites served

charity care policy

DLN: 93493317009030

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	t he	orga	niza	ıt ion
piscop	al F	lealth	Serv	ices	Inc

**Employer identification number** 

11-1665825

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νο
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		,	2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	that appl	у			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	), Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	must comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7		Νo
8	Were any amounts reported in Form 990, Part VII					
	subject to the initial contract exception described in Part III	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe	8		Νo
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		No

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
Raymond Pastore MD	(ı) (ıı)	267,000		4,000	7,000		278,000		
Luis Hernandez	(ı) (ıı)	137,000 15,000	57,000 6,000			1,000	195,000 21,000		
Lokesh Reddy MD	(ı) (ıı)	254,000		6,000	7,000	8,000	275,000		
Jonathan Immordino	(ı) (ıı)	184,000 20,000				24,000 2,000			
John Gupta	(ı) (ıı)	265,000	56,000			35,000	356,000		
Gilbert Makabalı MD	(ı) (ıı)	252,000		12,000	7,000	14,000	285,000		
Eric Nazzoli MD	(ı) (ıı)	322,000		9,000	7,000	12,000	350,000		
Alan Steinberg MD	(1) (11)	247,000		11,000	7,000	12,000	277,000		

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Sch J, Part III,	Part III,	The organization's CEO is provided/employed by kurron shares of America under a day-to-day management contract (see descriptions and disclosure of entire
A ddıtıonal	A dditional	contract in part VII section B and schedule O) The fee paid for management services was reviewed by an independent valuation consultant and approved by the
Information	Information	organization's board of managers

Schedule J (Form 990) 2009

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

2009

Open to Public

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Inspection

**Name of the organization** Episcopal Health Services Inc Employer identification number

11-1665825

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon request, the organization will make available those documents required to be disclosed under the public inspection laws
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The compensation of key employees is determined and/or approved after comparison to current compensation rates paid for comparable positions in the organization's region
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The Board review's all annual conflict of interest questionnaires. Positive responses are review ed and additional information is gathered to determine if a conflict exists. If a conflict exists, appropriate action is taken to eliminate the conflict, including such steps as reassignment of responsibilities or establishment of protective agreements. If a matter involves a board member or officer, appropriate action, including recusal and additional disclosures, will be determined by the Board.
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Director of Finance and Chief Financial Officer reviewed the Form 990 and required schedules with the Board appointed Audit Committee in a specially scheduled Committee meeting on November 10, 2010 Parts VI (Governance, Management and Disclosure) and VII (Officers and Directors compensation), as well as Schedules H (Community Benefit) and J (Compensation) were specifically reviewed due to their disclosure of board members' identities and mission-related services provided to the local community. Any questions regarding the filing and/or Form 990 content were addressed at the meeting. The final Form 990 was provided to the entire board of managers prior to filing.
Form 990, Part VI, Line 8	Form 990, Part VI, Line 8 Explanation of No Contemporaneously Documentation of Meetings	8b)There are no separate committees with authority to act on behalf of the governing body
Form 990, Part VI, Line 3	Form 990, Part VI, Line 3 Description of Delegated Duties to Management Company	Episcopal Health Services Inc. engages the services of Kurron Shares of America, Inc. (Kurron), an unrelated company, to provide day-to-day management consulting services. Remuneration paid to Kurron during 2009 is reported in Part VII, Section B Independent Contractors. With respect to Part VII, Section A, question 5, the salaries of the Chief Administrative, Chief executive, and the Chief Financial Officers, as employees of Kurron, are disclosed accordingly on Schedule J.

DLN: 93493317009030

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE R** (Form 990)

Name of the organization Episcopal Health Services Inc

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Internal Revenue Service

Department of the Treasury

**Employer identification number** 

11-1665825

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity

(b) Primary activity (c) Legal domicile (state or foreign country)

/-×

Total income

, 41

(e) End-of-year assets **(f)** Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
ST JOHNS MEDICAL SERVICES PC					
700 HICKSVILLE RD - SUITE 210	Physician Services	NY	501(c)(3)	11A	N/A
BETHPAGE, NY 11714 54-2164621					
ST JOHNS EMERGENCY MEDICAL SERVICES PC					
700 HICKSVILLE RD - SUITE 210	Physician Emergency Room Services	NY	501(c)(3)	11A	N/A
BETHPAGE, NY 11714 26-2884115	Services				
CHURCH CHARITY CORPORATION AND SUBS					
700 HICKSVILLE ROAD - SUITE 210	Plan, develop and coordinate charitable	NY	501(c)(3)		N/A
BETHPAGE, NY 11714 11-2797706	activities				
BISHOP HENRY B HUCLES NURSING HOME INC					
700 HICKSVILLE RD - SUITE 210	Nursing & Rehabilitation	NY	501(c)(3)	9	N/A
BETHPAGE, NY 11714 11-3277961					

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

**(f)** Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

Part V	Transactions With Related Organizations (Co	omplete if the organization answered '	"Yes" on Form 990, Part IV, line 34	4, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	12	а		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)	11	ь		No
c Gift, grant, or capital contribution from other organization(s)	10	c		No
d Loans or loan guarantees to or for other organization(s)	10	d		No
e Loans or loan guarantees by other organization(s)	16	e		No
		_		
f Sale of assets to other organization(s)	11	_		No
g Purchase of assets from other organization(s)	19			No
h Exchange of assets	11			No
i Lease of facilities, equipment, or other assets to other organization(s)	11	<u> </u>		No
j Lease of facilities, equipment, or other assets from other organization(s)		j		No
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	11	k '	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	11	<u> </u>		No
m Sharing of facilities, equipment, mailing lists, or other assets	11	m `	Yes	
n Sharing of paid employees	11	n		No
		_		
• Reimbursement paid to other organization for expenses	10	_		No
p Reimbursement paid by other organization for expenses	1,	P '	Yes	
<b>q</b> Other transfer of cash or property to other organization(s)	10	9		No
r Other transfer of cash or property from other organization(s)	11	_		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	( <b>b)</b> Transaction type(a-r)	<b>(c)</b> Amount involved
(1) ST JOHNS MEDICAL SERVICES PC	р	462,563
(2) BISHOP HENRY B HUCLES NURSING HOME INC	p	751,729
(3) BISHOP HENRY B HUCLES NURSING HOME INC	m	441,726

(5)

(4)

(6)

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

#### **TY 2009 Category 3 filer statement**

Name: Episcopal Health Services Inc

**EIN:** 11-1665825

**Software ID:** 09000047

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	N/A	Episcopal Health Service	700 Hicksville Road Suite 210 Bethpage, NY 11714	11-1665825	

#### **TY 2009 Category 3 filer statement**

Name: Episcopal Health Services Inc

**EIN:** 11-1665825

**Software ID:** 09000047

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	N/A	Episcopal Health Services	700 Hicksville Road Suite 210 Bethpage, NY 11714	11-1665825	

#### **TY 2009 Category 3 filer statement**

Name: Episcopal Health Services Inc

**EIN:** 11-1665825

**Software ID:** 09000047

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	N/A	Episcopal Health Services	700 Hicksville Road Suite 210 Bethpage, NY 11714	11-1665825	

Name: Episcopal Health Services Inc

**EIN:** 11-1665825

**Software ID:** 09000047

Description	Amount
Unbilled Premium Assessments	-1,139,000
Premiums Written and Earned	-154,000
Losses	-1,173,000
Flow Through Earnings & Profit of Subs	2,852,000
Change in unrealized gain on Inv	-1,116,000

Name: Episcopal Health Services Inc

**EIN:** 11-1665825

**Software ID:** 09000047

Description	Amount
Unbilled Premium Assessment	-684,000
Provision for Irrecoverable Reinsurance	-80,000
Premium Written and Earned	-462,000
Losses	-2,682,000
Change in unrealized gain on investment	1,435,000

effile GRAPHIC Print - DO NOT PROCESS	AS FIIED Data -	DLN: 93493317009030

Name: Episcopal Health Services Inc

**EIN:** 11-1665825

**Software ID:** 09000047

Description	Amount
Earnings from Segregated Cells	-34,065,250

Name: Episcopal Health Services Inc

**EIN:** 11-1665825

**Software ID:** 09000047

Description	Amount		
Premiums Written Off	-4,548,609		
Change in unrealized gain on investments	1,673,372		

Name: Episcopal Health Services Inc

**EIN:** 11-1665825

**Software ID:** 09000047

Description	Amount		
Unbilled Premium Assessments	-13,949,000		
Premium Written and Earned	-390,000		
Losses	-5,102,000		
Flow through Earnings and Profit of Sub	-6,312,000		
Change in unrealized gains on investment	-1,085,000		

Name: Episcopal Health Services Inc

**EIN:** 11-1665825

**Software ID:** 09000047

Description	Amount		
Unbilled Premiums Assessment	-6,931,000		
Provisions for irrecoverable reinsurance	127,000		
Premium Written and Earned	-1,168,000		
Losses	-30,855,000		
Change in unrealized gains on investment	15,870,000		

### Software ID: Software Version:

**EIN:** 11-1665825

Name: Episcopal Health Services Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

				Compensated Employees, and Independent Contractors									
(A) Name and Title	A verage hours	hours that apply)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation						
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
V en Jerome J Nedelka Chair-P C	1 00	X						0	0	0			
Ven Bernard Young Board Member	1 00	X						0	0	0			
Ronald O Cole Treasurer	1 00	X		X				0	0	0			
Rev Lawrence C Provenzano President & CEO	10 00	X		Х				9,000	0	2,000			
Rev John E Walker III Secretary	1 00	X		X				0	0	0			
Rev J Mastine Nisbett Board Member	1 00	X						0	0	0			
Rev Darryl F James Board Member	1 00	X						0	0	0			
Rev Orris B Walker President & CEO	10 00	X		х				12,000	0	2,000			
Raymond Pastore MD Chief Med Officer	40 00					X		271,000	0	7,000			
Margaret O Carpenter Second VP	1 00	X						0	0	0			
Luis Hernandez CAO-Kurron	18 00			X				194,000	21,000	1,000			
Lokesh Reddy MD Chief of Psychiatr	40 00					X		260,000	0	15,000			
Kathleen E LeCadre Board Member	1 00	X						0	0	0			
Jonathan Immordino CFO - Kurron	36 00			X				184,000	20,000	26,000			
John Gupta CEO - Kurron	40 00			Х				321,000	0	35,000			
Gılbert Makabalı MD Chaırman-Surgery	40 00					Х		264,000	0	21,000			
Eric Nazzoli MD Chairman-E/R	0					X		331,000	0	19,000			
Cherian T Palathra Controller	40 00			Х				126,000	0	19,000			
Canon Diane Porter Board Member	1 00	X						0	0	0			
Alan Steinberg MD Chairman-Pediatric	40 00					Х		258,000	0	19,000			